

<b>Procedure Code</b>	<b>Procedure Code Description</b>	<b>Rate</b>
D0120	PERIODIC ORAL EVALUATION	\$10.00
D0140	LIMITED ORAL EVALUATION-PROBLEM-FOCUSED	\$10.00
D0150	COMPREHENSIVE ORAL EVALUATION	\$20.00
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION--PROBLEM FOCUSED, BY REPORT	\$20.00
D0180	COMPREHENSIVE PERIODONTAL EVALUATION- NEW OR ESTABLISHED PATIENT	\$22.00
D0210	INTRAORAL-COMPLETE SERIES (INCLUDING BITEWINGS)	\$40.00
D0220	INTRAORAL-PERIAPICAL-FIRST FILM	\$10.00
D0230	INTRAORAL-PERIAPICAL-EACH ADDITIONAL FILM	\$7.00
D0240	INTRAORAL-OCCLUSAL FILM	\$10.00
D0250	EXTRAORAL-FIRST FILM	\$10.00
D0260	EXTRAORAL-EACH ADDITIONAL FILM	\$7.00
D0270	BITEWING-SINGLE FILM	\$10.00
D0272	BITEWINGS-TWO FILMS	\$14.00
D0274	BITEWINGS-FOUR FILMS	\$22.00
D0275	BITEWINGS-EACH ADDITIONAL FILM	\$7.00
D0290	POSTERIOR-ANTERIOR OR LATERAL SKULL AND FACIAL BONE SURVEY FILM	\$29.00
D0310	SIALOGRAPHY	\$54.00
D0320	TEMPOROMANDIBULAR JOINT ARTHROGRAM, INCLUDING INJECTION	\$48.00
D0321	OTHER TEMPOROMANDIBULAR JOINT FILMS, BY REPORT	\$0.00
D0330	PANORAMIC FILM	\$32.00
D0340	CEPHALOMETRIC FILM	\$34.00
D0502	OTHER ORAL PATHOLOGY PROCEDURES, BY REPORT	\$0.00
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE, BY REPORT	\$0.00
D1110	PROPHYLAXIS-ADULT	\$30.00
D1120	PROPHYLAXIS-CHILD	\$22.00
D1203	TOPICAL APPLICATION OF FLUORIDE (PROPHYLAXIS NOT INCLUDED)-CHILD	\$18.00
D1204	TOPICAL APPLICATION OF FLUORIDE (PROPHYLAXIS NOT INCLUDED)-ADULT	\$18.00
D1351	SEALANT-PER TOOTH	\$18.00
D1510	SPACE MAINTAINER-FIXED UNILATERAL	\$104.00
D1515	SPACE MAINTAINER-FIXED BILATERAL	\$132.00
D1520	SPACE MAINTAINER-REMOVABLE UNILATERAL	\$112.00
D1525	SPACE MAINTAINER-REMOVABLE BILATERAL	\$142.00
D1550	RECEMENTATION OF SPACE MAINTAINER	\$27.00
D2140	AMALGAM-ONE SURFACE, PERMANENT	\$28.00
D2150	AMALGAM-TWO SURFACES, PERMANENT	\$37.00
D2160	AMALGAM-THREE SURFACES, PERMANENT	\$46.00
D2161	AMALGAM-FOUR OR MORE SURFACES, PERMANENT	\$55.00
D2330	RESIN-ONE SURFACE, ANTERIOR	\$35.00
D2331	RESIN-TWO SURFACES, ANTERIOR	\$44.00
D2332	RESIN-THREE SURFACES, ANTERIOR	\$54.00
D2335	RESIN-FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	\$65.00
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	\$88.00
D2391	RESIN-BASED COMPOSITE- ONE SURFACE,POSTERIOR	\$26.00
D2392	RESIN-BASED COMPOSITE- TWO SURFACES, POSTERIOR	\$34.00

Procedure Code	Procedure Code Description	Rate
D2393	RESIN-BASED COMPOSITE- THREE SURFACES, POSTERIOR	\$42.00
D2394	RESIN-BASED COMPOSITE- FOUR OR MORE SURFACES, POSTERIOR	\$50.00
D2710	CROWN RESIN (LABORATORY)	\$175.00
D2720	CROWN-RESIN WITH HIGH NOBLE METAL	\$350.00
D2721	CROWN-RESIN WITH PREDOMINANTLY BASE METAL	\$300.00
D2722	CROWN-RESIN WITH NOBLE METAL	\$325.00
D2740	CROWN-PORCELAIN/CERAMIC SUBSTRATE	\$550.00
D2750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	\$550.00
D2751	CROWN-PROCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$450.00
D2752	CROWN-PORCELAIN FUSED TO NOBLE METAL	\$505.00
D2790	CROWN-FULL CAST HIGH NOBLE METAL	\$550.00
D2791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	\$450.00
D2792	CROWN-FULL CAST NOBLE METAL	\$505.00
D2910	RECEMENT INLAY	\$27.00
D2920	RECEMENT CROWN	\$27.00
D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH	\$88.00
D2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH	\$88.00
D2932	PREFABRICATED RESIN CROWN	\$88.00
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	\$125.00
D2940	SEDATIVE FILLING	\$27.00
D2950	CORE BUILD-UP, INCLUDING ANY PINS	\$100.00
D2951	PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION	\$12.00
D2952	CAST POST AND CORE IN ADDITION TO CROWN	\$175.00
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$135.00
D2980	CROWN REPAIR, BY REPORT	\$0.00
D2999	UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT	\$0.00
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) REMOVAL OF PULP CORONAL TO	\$59.00
D3310	ANTERIOR (EXCLUDING FINAL RESTORATION)	\$175.00
D3320	BICUSPID (EXCLUDING FINAL RESTORATION)	\$210.00
D3330	MOLAR (EXCLUDING FINAL RESTORATION)	\$300.00
D3351	APEXIFICATION/RECALCIFICATION-INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION,	\$48.00
D3352	APEXIFICATION/RECALCIFICATION-INTERIM MEDICATION REPLACEMENT (APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS	\$48.00
D3353	APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL THERAPY-APICAL CLOSURE/CALCIFIC REPAIR	\$48.00
D3410	APICOECTOMY/PERIRADICULAR SURGERY-ANTERIOR	\$142.00
D3421	APICOECTOMY/PERIRADICULAR SURGERY-BICUSPID (FIRST ROOT)	\$195.00
D3425	APICOECTOMY/PERIRADICULAR SURGERY-MOLAR (FIRST ROOT).	\$195.00
D3426	APICOECTOMY/PERIRADICULAR SURGERY (EACH ADDITIONAL ROOT)	\$70.00

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D3430	RETROGRADE FILLING-PER ROOT	\$105.00
D3450	ROOT AMPUTATION-PER ROOT	\$110.00
D3920	HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCLUDING ROOT CANAL THERAPY	\$110.00
D3999	UNSPECIFIED ENDODONTIC PROCEDURE, BY REPORT	\$0.00
D4210	GINGIVECTOMY OR GINGIVOPLASTY-PER QUADRANT	\$104.00
D4211	GINGIVECTOMY OR GINGIVOPLASTY-PER QUADRANT	\$22.00
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-PER QUADRANT	\$187.00
D4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-ONE TO THREE THEETH, PER QUADRANT	\$187.00
D4260	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE)-PER QUADRANT	\$331.00
D4261	OSSEOUS SURGERY(INCLUDING FLAP ENTRY AND CLOSURE)ONE TO THREE TEETH, PER QUADRANT	\$173.58
D4263	BONE REPLACEMENT GRAFT-FIRST SITE IN QUADRANT	\$0.00
D4264	BONE REPLACEMENT GRAFT-EACH ADDITIONAL SITE IN QUADRANT	\$0.00
D4266	GUIDED TISSUE REGENERATION - RESORBABLE BARRIER, PER SITE	\$0.00
D4267	GUIDED TISSUE REGENERATION - NONRESORBABLE BARRIER, PER SITE, (INCLUDES	\$0.00
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$0.00
D4271	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY)	\$325.00
D4272	APICALLY REPOSITIONING FLAP PROCEDURE	\$0.00
D4273	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY)	\$0.00
D4274	DISTAL OR PROXIMAL WEDGE PROCEDURE (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME	\$0.00
D4320	PROVISIONAL SPLINTING-INTRACORONAL	\$0.00
D4321	PROVISIONAL SPLINTING-EXTRACORONAL	\$0.00
D4341	PERIODONTAL SCALING AND ROOT PLANING-PER QUADRANT	\$76.00
D4342	PERIODONTAL SCALING AND ROOT PLANNING- ONE TO THREE TEETH PER QUADRANT	\$76.00
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE PERIDONTAL EVALUATION AND DIAGNOSIS	\$76.00
D4381	LOCALIZED DELIVERY OF CHEMOTHERAPEUTIC AGENTS VIA A CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TIS	\$0.00
D4910	PERIODONTAL MAINTENANCE PROCEDURES (FOLLOWING ACTIVE THERAPY)	\$27.00
D4999	UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT	\$0.00
D5110	COMPLETE DENTURE-MAXILLARY	\$315.00
D5120	COMPLETE DENTURE-MANDIBULAR	\$315.00
D5211	UPPER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$227.00
D5212	LOWER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$227.00

Procedure Code	Procedure Code Description	Rate
D5213	MAXILLARY PARTIAL DENTURE-CASE METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS,	\$310.00
D5214	MANDIBULAR PARTIAL DENTURE-CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS,	\$310.00
D5410	ADJUST COMPLETE DENTURE-MAXILLARY	\$25.00
D5411	ADJUST COMPLETE DENTURE-MANDIBULAR	\$25.00
D5421	ADJUST PARTIAL DENTURE-MAXILLARY	\$25.00
D5422	ADJUST PARTIAL DENTURE-MANDIBULAR	\$25.00
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	\$53.00
D5520	REPLACE MISSING OR BROKEN TEETH-COMPLETE DENTURE (EACH TOOTH)	\$36.00
D5610	REPAIR RESIN DENTURE BASE	\$53.00
D5620	REPAIR CAST FRAMEWORK	\$65.00
D5630	REPAIR OR REPLACE BROKEN CLASP	\$60.00
D5640	REPLACE BROKEN TEETH-PER TOOTH	\$36.00
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	\$47.00
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	\$66.00
D5710	REBASE COMPLETE MAXILLARY DENTURE	\$170.00
D5711	REBASE COMPLETE MANDIBULAR DENTURE	\$170.00
D5720	REBASE MAXILLARY PARTIAL DENTURE	\$170.00
D5721	REBASE MANDIBULAR PARTIAL DENTURE	\$170.00
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	\$140.00
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	\$140.00
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	\$155.00
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	\$155.00
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	\$140.00
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	\$140.00
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	\$135.00
D5821	INTERIM PARTIAL DENTURE (MANDIBULAR)	\$135.00
D5860	OVERDENTURE-COMPLETE, BY REPORT	\$0.00
D5861	OVERDENTURE-PARTIAL, BY REPORT	\$0.00
D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT	\$0.00
D5911	FACIAL MOULAGE (SECTIONAL)	\$0.00
D5912	FACIAL MOULAGE (COMPLETE)	\$0.00
D5913	NASAL PROSTHESIS	\$0.00
D5914	AURICULAR PROSTHESIS	\$0.00
D5915	ORBITAL PROSTHESIS	\$0.00
D5916	OCULAR PROSTHESIS	\$656.78
D5917	COMPOSITE FACIAL PROSTHESIS	\$0.00
D5918	REPLACEMENT PROSTHESIS	\$0.00
D5919	FACIAL PROSTHESIS	\$0.00
D5920	OCULAR IMPLANT	\$0.00
D5921	ORBITAL IMPLANT	\$0.00
D5922	NASAL SEPTAL PROSTHESIS	\$57.76
D5923	OCULAR PROSTHESIS, INTERIM	\$170.00
D5924	CRANIAL PROSTHESIS	\$378.00
D5928	ORBITAL PROSTHESIS, REPLACEMENT	\$420.85
D5931	OBTURATOR PROSTHESIS, SURGICAL	\$0.00

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D5932	OBTURATOR PROSTHESIS, DEFINITIVE	\$0.00
D5933	OBTURATOR PROSTHESIS, MODIFICATION	\$0.00
D5934	MANDIBULAR RESECTION PROSTHESIS WITH GUIDE FLANGE	\$0.00
D5935	MANDIBULAR RESECTION PROSTHESIS WITHOUT GUIDE FLANGE	\$0.00
D5951	FEEDING AID	\$0.00
D5952	SPEECH AID PROSTHESIS, PEDIATRIC	\$0.00
D5953	SPEECH AID PROSTHESIS, ADULT	\$0.00
D5954	PALATAL AUGMENTATION PROSTHESIS	\$0.00
D5955	PALATAL LIFT PROSTHESIS, DEFINITIVE	\$0.00
D5956	OBTURATOR	\$0.00
D5957	SPEECH BULB	\$0.00
D5983	RADIATION CARRIER	\$0.00
D5984	RADIATION SHIELD	\$0.00
D5985	RADIATION CONE LOCATOR	\$0.00
D5986	FLUORIDE GEL CARRIER	\$0.00
D5999	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT	\$0.00
D6210	PONTIC-CAST HIGH NOBLE METAL	\$450.00
D6211	PONTIC-CAST PREDOMINANTLY BASE METAL	\$395.00
D6212	PONTIC-CAST NOBLE METAL	\$425.00
D6240	PONTIC-PORCELAIN FUSED TO HIGH NOBLE METAL	\$450.00
D6241	PONTIC-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$395.00
D6242	PONTIC-PORCELAIN FUSED TO NOBLE METAL	\$425.00
D6250	PONTIC-RESIN WITH HIGH NOBLE METAL	\$375.00
D6251	PONTIC-RESIN WITH PREDOMINANTLY BASE METAL	\$325.00
D6252	PONTIC-RESIN WITH NOBLE METAL	\$350.00
D6720	CROWN-RESIN WITH HIGH NOBLE METAL	\$395.00
D6721	CROWN-RESIN WITH PREDOMINANTLY BASE METAL	\$360.00
D6722	CROWN-RESIN WITH NOBLE METAL	\$335.00
D6750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	\$550.00
D6751	CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$440.00
D6752	CROWN-PORCELAIN FUSED TO NOBLE METAL	\$505.00
D6780	CROWN-3/4 CAST HIGH NOBLE METAL	\$450.00
D6790	CROWN-FULL CAST HIGH NOBLE METAL	\$550.00
D6791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	\$465.00
D6792	CROWN-FULL CAST NOBLE METAL	\$500.00
D6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE, BY REPORT	\$0.00
D7111	CORONAL REMNANTS-DECIDUOUS TOOTH	\$28.00
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	\$39.00
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING ELEVATION OF MUCOPERIOSTEAL FLAP AND REMOVAL OF BONE AND/OR SECTIO	\$70.00
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	\$95.00
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	\$130.00
D7240	REMOVAL OF IMPACTED TOOTH-COMpletely BONY	\$160.00
D7241	REMOVAL OF IMPACTED TOOTH-COMpletely BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	\$0.00

Procedure Code	Procedure Code Description	Rate
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	\$58.00
D7260	ORAL ANTRAL FISTULA CLOSURE	\$0.00
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	\$200.00
D7270	TOOTH RE-IMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH AND/OR ALVEOLUS	\$280.00
D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	\$150.00
D7285	BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH)	\$21.00
D7286	BIOPSY OF ORAL TISSUE - SOFT (ALL OTHERS)	\$25.20
D7287	CYTOLOGY SAMPLE COLLECTION	\$25.00
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - PER QUADRANT	\$100.00
D7340	VESTIBULOPLASTY-RIDGE EXTENSION (SECOND EPITHELIALIZATION)	\$220.00
D7350	VESTIBULOPLASTY-RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS, MUSCLE RE-ATTACHMENTS, REVISION OF SOFT TISSUE	\$405.00
D7410	RADICAL EXCISION-LESION DIAMETER UP TO 1.25 CM	\$35.00
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	\$56.00
D7440	EXCISION OF MALIGNANT TUMOR-LESION DIAMETER UP TO 1.25 CM	\$53.00
D7441	EXCISION OF MALIGNANT TUMOR-LESION DIAMETER GREATER THAN 1.25 CM	\$137.00
D7450	REMOVAL OF ODONTOGENIC CYST OR TUMOR-LESION DIAMETER UP TO 1.25 CM	\$49.00
D7451	REMOVAL OF ODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER THAN 1.25 CM	\$63.00
D7460	REMOVAL OF NONODONTOGENIC CYST OR TUMOR-LESION DIAMETER UP TO 1.25 CM	\$42.00
D7461	REMOVAL OF NONODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER THAN 1.25 CM	\$91.00
D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHODS, BY REPORT	\$23.10
D7471	REMOVAL OF EXOSTOSIS - PER SITE	\$125.28
D7490	RADICAL RESECTION OF MANDIBLE WITH BONE GRAFT	\$638.60
D7510	INCISION AND DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE	\$14.02
D7520	INCISION AND DRAINAGE OF ABSCESS-EXTRAORAL SOFT TISSUE	\$40.45
D7530	REMOVAL OF FOREIGN BODY, SKIN, OR SUBCUTANEOUS AREOLAR TISSUE	\$33.61
D7540	REMOVAL OF REACTION-PRODUCING FOREIGN BODIES- MUSCULOSKELETAL SYSTEM	\$93.29
D7550	SEQUESTRECTOMY FOR OSTEOMYELITIS	\$201.03
D7560	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR FOREIGN BODY	\$120.54
D7610	MAXILLA-OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)	\$280.00
D7620	MAXILLA-CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)	\$85.00

Procedure Code	Procedure Code Description	Rate
D7630	MANDIBLE-OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)	\$280.00
D7640	MANDIBLE-CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)	\$84.00
D7650	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION	\$0.00
D7660	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION	\$63.00
D7670	ALVEOLUS - STABILIZATION OF TEETH, CLOSED REDUCTION SPLINTING	\$35.00
D7680	FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL APPROACHES	\$0.00
D7710	MAXILLA-OPEN REDUCTION	\$310.80
D7720	MAXILLA-CLOSED REDUCTION	\$168.00
D7730	MANDIBLE-OPEN REDUCTION	\$336.00
D7740	MANDIBLE-CLOSED REDUCTION	\$100.80
D7750	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION	\$210.00
D7760	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION	\$75.60
D7770	ALVEOLUS-STABILIZATION OF TEETH, OPEN REDUCTION SPLINTING	\$310.80
D7780	FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL APPROACHES	\$0.00
D7810	OPEN REDUCTION OF DISLOCATION	\$377.71
D7820	CLOSED REDUCTION OF DISLOCATION	\$36.74
D7830	MANIPULATION UNDER ANESTHESIA	\$0.00
D7840	CONDYLECTOMY	\$378.00
D7850	SURGICAL DISCECTOMY; WITH/WITHOUT IMPLANT	\$378.00
D7858	JOINT RECONSTRUCTION	\$302.40
D7860	ARTHROTOMY	\$0.00
D7865	ARTHROPLASTY	\$302.40
D7870	ARTHROCENTESIS	\$0.00
D7872	ARTHROSCOPY-DIAGNOSIS, WITH OR WITHOUT BIOPSY	\$204.34
D7873	ARTHROSCOPY-SURGICAL: LAVAGE AND LYSIS OF ADHESIONS	\$240.20
D7874	ARTHROSCOPY-SURGICAL: DISC REPOSITIONING AND STABILIZATION	\$240.20
D7875	ARTHROSCOPY-SURGICAL: SYNOVECTOMY	\$240.20
D7876	ARTHROSCOPY-SURGICAL: DISCECTOMY	\$240.20
D7880	OCCLUSAL ORTHOTIC APPLIANCE	\$150.00
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	\$28.00
D7911	COMPLICATED SUTURE-UP TO 5 CM	\$75.60
D7912	COMPLICATED SUTURE-GREATER THAN 5 CM	\$100.80
D7920	SKIN GRAFTS (IDENTIFY DEFECT COVERED, LOCATION, AND TYPE OF GRAFT)	\$0.00
D7940	OSTEOPLASTY-FOR ORTHOGNATHIC DEFORMITIES	\$0.00
D7941	OSTEOTOMY - MANDIBULAR RAMI	\$629.93
D7943	OSTEOTOMY - MANDIBULAR RAMI WITH BONE GRAFT; INCLUDES OBTAINING THE GRAFT	\$728.18
D7944	OSTEOTOMY-SEGMENTED OR SUBAPICAL-PER SEXTANT OR QUADRANT	\$517.44
D7945	OSTEOTOMY-BODY OF MANDIBLE	\$0.00
D7946	LEFORT I (MAXILLA-TOTAL)	\$786.38
D7947	LEFORT I (MAXILLA-SEGMENTED)	\$721.16

Procedure Code	Procedure Code Description	Rate
D7948	LEFORT II OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRUSION)-WITHOUT BONE GRAFT	\$45.04
D7949	LEFORT II OR LEFORT III-WITH BONE GRAFT	\$0.00
D7950	OSSEOUS, OSTEOPERIOSTEAL, OR CARTILAGE GRAFT OF THE MANDIBLE OR FACIA BONES-AUTOGENEOUS OR NONAUTOGENEOUS	\$814.80
D7955	REPAIR OF MAXILLOFACIAL SOFT AND HARD TISSUE DEFECTS	\$0.00
D7960	FRENULECTOMY (FRENECTOMY OR FRENOTOMY)-SEPARATE PROCEDURE	\$110.00
D7970	EXCISION OF HYPERPLASTIC TISSUE-PER ARCH	\$160.00
D7971	EXCISION OF PERICORONAL GINGIVA	\$38.50
D7980	SIALOLITHOTOMY	\$0.00
D7981	EXCISION OF SALIVARY GLAND, BY REPORT	\$0.00
D7982	SIALODOCHOPLASTY	\$191.75
D7983	CLOSURE OF SALIVARY FISTULA	\$186.79
D7990	EMERGENCY TRACHEOTOMY	\$172.76
D7992	EMINENECTOMY	\$0.00
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT	\$0.00
D8010	LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	\$180.00
D8020	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	\$240.00
D8030	LIMITED ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	\$305.00
D8040	LIMITED ORTHODONTIC TREATMENT OF THE ADULT DENTITION	\$305.00
D8050	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	\$305.00
D8060	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	\$445.00
D8070	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	\$2,000.00
D8071	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION ( FIRST SIX MONTHS )	\$125.00
D8072	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION ( SECOND SIX MONTHS )	\$100.00
D8073	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION ( THIRD SIX MONTHS )	\$38.34
D8074	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION ( FOURTH SIX MONTHS )	\$70.00
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	\$2,000.00
D8081	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION ( FIRST SIX MONTHS )	\$125.00
D8082	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION ( SECOND SIX MONTHS )	\$100.00
D8083	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION ( THIRD SIX MONTHS )	\$38.36
D8084	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION ( FOURTH SIX MONTHS )	\$70.00



<b>Procedure Code</b>	<b>Procedure Code Description</b>	<b>Rate</b>
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION	\$2,000.00
D8091	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION ( FIRST SIX MONTHS )	\$125.00
D8092	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION ( SECOND SIX MONTHS )	\$100.00
D8093	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION ( THIRD SIX MONTHS )	\$38.34
D8094	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION ( FOURTH SIX MONTHS )	\$70.00
D8210	REMOVABLE APPLIANCE THERAPY	\$305.00
D8220	FIXED APPLIANCE THERAPY	\$240.00
D8660	PRE-ORTHODONTIC VISIT	\$75.00
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT (AS PART OF CONTRACT)	\$150.00
D8680	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT OF RETAINER(S)	\$50.00
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT	\$0.00
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN-MINOR PROCEDURES	\$40.00
D9212	TRIGEMINAL DIVISION BLOCK ANESTHESIA	\$39.42
D9220	GENERAL ANESTHESIA-FIRST 30 MINUTES	\$30.00
D9221	GENERAL ANESTHESIA-EACH ADDITIONAL 15 MINUTES	\$15.00
D9230	ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE	\$30.00
D9310	CONSULTATION (DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN PRACTITIONER PROVIDING TREATMENT)	\$26.63
D9410	HOUSE/EXTENDED CARE FACILITY CALL	\$32.00
D9420	HOSPITAL CALL	\$27.86
D9610	THERAPEUTIC DRUG INJECTION, BY REPORT	\$5.60
D9630	OTHER DRUGS AND/OR MEDICAMENTS, BY REPORT	\$0.00
D9910	APPLICATION OF DESENSITIZING MEDICAMENTS	\$0.00
D9920	BEHAVIOR MANAGEMENT, BY REPORT	\$30.00
D9930	TREATMENT OF COMPLICATIONS (POSTSURGICAL) - UNUSUAL CIRCUMSTANCES, BY REPORT	\$0.00
D9940	OCCLUSAL GUARDS, BY REPORT	\$75.00